



TO: The Max Commodity Department

I would like to participate in The Max EZ Cheez Program whereby my distributor will provide monthly velocity reports to Gilardi/ConAgra Foods. These reports will be processed for the purpose of calculating my monthly commodity refund payments.

With my participation in the EZ Cheez program, I understand that I will not have to submit monthly refund applications.

Food Service Director Signature

Date

School District Name

Address (where checks should be sent)

City, State, Zip

Phone

E-mail Address

Distributor(s)

Fax to: 937-339-1024

